

2018-2019 Semi-Monthly Employee Medical Plan Premium Costs

Level of Coverage: Employee Only

Medical Plan	All Bargaining Units Semi-Monthly Employee Cost (Excludes Administrative Management, Board of Supervisors, and Department/Agency Heads)	Administrative Management, Board of Supervisors, and Department/Agency Heads Semi-Monthly Employee Cost	Extra Help Semi-Monthly Employee Cost
County Health Plan EPO	\$244.79	\$284.79	Not Applicable
County Health Plan PPO	\$357.95	\$397.95	Not Applicable
Kaiser Permanente HMO	\$102.79	\$142.79	\$192.79
Kaiser Permanente Hospital Services DHMO	\$26.26	\$66.26	\$116.26
Kaiser Permanente Deductible First HDHP	\$3.47	\$43.47	\$93.47
Sutter Health Plus Traditional HMO	\$14.88	\$54.88	\$104.88
Sutter Health Plus Hospital Services DHMO	\$0.00	\$11.61	\$61.61
Sutter Health Plus Deductible First HDHP	\$0.00	\$0.00	\$42.85
Western Health Advantage Traditional HMO	\$80.49	\$120.49	\$170.49
Western Health Advantage Hospital Services DHMO	\$9.64	\$49.64	\$99.64
Western Health Advantage Deductible First HDHP	\$0.00	\$28.33	\$78.33